File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Reset Form

lowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073		SEE BACK OF FORM UMMARY PAGE	0AM 2008	PAIGH PICS AND PAIGH PAIGH PICS AND PAIGH PICS AND PAIGH PICS AND PAIGH
Tama Com IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge 9 (4)County Central Committee (5)	e same as on Statement of Organiz Y De M. C vat Cent of committee you are reporting for: [4 Standing for Retention Candidate (2)S 5)County Candidate (6)City Candidate ty PAC (9)City PAC (10)School Boa ONLY:	tate PAC (3) State Party (7) School Board or Other Politics	PODI (Rev. Comp Logge Scanr Comp	R-2 DISCLOSURE REPORT
Late reports are subject to possi SIGNATURE OF PERSON FIL	ble civil and criminal penalties. Pursua	319 - 476 - 3462 TELEPHONE		01(3), the candidate, for a
I AM FILING A	eport date)	_ REPORT FOR (1) ELECTION Indicate by	# 🚺	
☐ Check if this is final (termina	ation) report and attach Notice of Dio of file reports until a DR-3 is filed.)	issolution Form DR-3.	Nov. 4	pes, enter Date of Election Committees, enter County in is held
STATEM	ENT OF CASH ON HAND			
CASH ON HAND at the beginn committee. This amo	ning of the reporting period. (Total on the sunt MUST be the same as the cast deriod or must be zero if this is first r	n on hand at the end	\$_	2103.93
ADD TOTAL MONEY	TAKEN IN THIS PERIOD			
Schedule A: Cash C	ontributions total (Attach Schedule	A) (*also see in-kind below)		25,00
Schedule F: Loans F	Received total (Attach Schedule F).			
Schedule H: Total Sa	ales of Campaign Property (Attach	Schedule H)	·····	
(Schedule H	applies to Candidates' Committe	es Only) SUB-TOTAL	\$	2128,93
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD			
Schedule B: Expendi	itures total (Attach Schedule B) (**a	ilso see debts and loans below)		301,87
Schedule F: Loan Re	epayments total (Attach Schedule F)		1007
CASH ON HAND at the end of	this reporting period (if final report	balance must be zero)	\$	1,827.06
**UNPAID BILLS (From Sched	lule D - Attach Schedule D)		\$_	
*IN KIND CONTRIBUTIONS (F	From Schedule E - Attach Schedule	E)	\$ _	
**OUTSTANDING LOANS (Fro	om Schedule F - Attach Schedule F)	\$_	
CONSULTANT BREAKDOWN	(Schedule G Attached?)		Y	'ESNO
CANDIDATE COMMITTEES O	NLY:			
VALUE OF CAMPAIGN PROP	PERTY (From Schedule H - Attach S	Schedule H)	\$ _	·
STATE COMMITTEES: Subm	it a reconciled campaign account b	ank statement in January of eac	h vear.	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

MONETARY (Rev. 07/03) RECEIPTS (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) **AMENDING FORM** County Democratic Central Conmittee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	MAY(=AND AND ELECTOR AND AND ELECTOR AND E			
RECEIVED	(if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	RECEIVED	RAISER
					INCOME
1 100	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Margaret Parks, 504 Maple St. Darwin, Iona 50632		le ~ —	
15/2018	ck# 5/17	H To 57632		1-25	
4700		sawin, tous soot			
	10#				
	CK#				
	15.4				
	ID#				
	CK#				
					·····
	ID#				
	CK#				
					لـــــا
	ID#				
	CK#				
					L
	ID#		· · · · · · · · · · · · · · · · · · ·		
	CK#				
	Olar				
	ID#				
	CK#				
	CN	·			Ц
	ID#				
	01/4				
	CK#				L
	ID#				
	014				1 1
	CK#				
	ID#				
	CK#				
			CUD TOTAL		
			SUB-TOTAL	\$ 25	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

TOTAL (if last page of this schedule)

SCHEDULE

Reset Form

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B	MONETARY
(Rev. 07/03)	EXPENDITURES
CHEC	CK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Tama County Democratic Central CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE AMOUNT** DATE EXPENDED **ID NUMBER EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# Jessica Kouba reimburge for CK# ///4 fundraiser terial Tama, Iowa internet service CK# /1/5 ID# CK# ///6 ID# CK# ID# CK# ID# CK# ID# CK# ID# CK#

THIS ROY	APPI IFS	TO CAND	IDATES	COMMI	TTEES ON	v.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail iternized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	1		- 1	
Page	1	 of		

SUB-TOTAL

TOTAL (if last page of this schedule)